

## **EMERGENCY CONTRACEPTION (EC)**

### **I. INTRODUCTION**

Emergency contraception (EC) is an important option for pregnancy prevention following unprotected intercourse or a known contraceptive failure. While a number of drug regimens and contraceptive devices have been investigated for this purpose, only a specified regimen of oral contraceptives may be used. The possible options for emergency contraception include:

- Ulipristal acetate—progesterone receptor modulator (ella®)
- Levonorgestrel - progestin pill (e.g. PlanB®, NextChoice®)
- Combined oral contraceptives
- Copper T IUD

Appendix A includes a table with a comparison of the various types of EC.

ECs may theoretically prevent pregnancy through several mechanisms. These are three of the primary mechanisms:

- Delay of ovulation - the most likely mechanism of action for oral EC
- Preventing the sperm and egg from meeting. This may occur by either, trapping of sperm in cervical mucus or inhibition of tubal transport of egg or sperm.
- Prevention of implantation by disrupting the uterine lining.

Oral ECs do not interrupt an established pregnancy or harm a developing embryo.

Although the risk of pregnancy is greatest with mid-cycle exposure, emergency contraception may be offered for unprotected sexual exposure at any time during the cycle. If another instance of unprotected intercourse has occurred since their last menstrual period (LMP) emergency contraception may not protect against pregnancy.

### **II. CLIENT SELECTION**

Emergency contraception order may be provided at the client's request or as a back up order written at the time of their initial/annual visit to be used when needed during the upcoming year (as an emergency measure). However, emergency contraceptive pills may be reissued to a client for use at a future time if the need arises. EC may be offered at any time during a woman's cycle.

A. Indications:

1. Emergency contraception may be used by women who have had unprotected intercourse, within the previous 120 hours. (FDA approved Emergency Contraception use within 72 hours of unprotected intercourse to be most effective).

2. EC may be ordered/issued for use should an act of unprotected intercourse occur.
- B. Contraindications: Frequently repeated EC use may be harmful for women with conditions classified as USMEC 2, 3, or 4 for CHC or POC use.

### III. MEDICAL SCREENING AND EVALUATION

- A. EC is available without a prescription for clients ages 17 or older. A prescription/order is needed if the client is under age 17.
- B. Prior to providing emergency contraception, the following must be done:
  1. Obtain history as indicated
  2. Perform highly sensitive urine pregnancy test if indicated
  3. Perform examination and obtain lab tests only if indicated

### EMERGENCY CONTRACEPTION OPTIONS AND PRESCRIBING INFORMATION

- A. FDA-approved progestin-only pill specifically manufactured and marketed for emergency contraception: Two tablets (0.75 mg levonorgestrel each) as soon as possible within 120 hours after intercourse  
**OR**
- B. One tablet (0.75 mg levonorgestrel) as soon as possible within 120 hours after intercourse followed by a second dose (0.75 mg) 12 hours later  
**OR**
- C. One tablet (1.5 mg levonorgestrel) as soon as possible within 120 hours after intercourse  
**OR**
- D. One tablet (30 mg ulipristal acetate—progesterone receptor modulator) as soon as possible within 120 hours after unprotected intercourse  
**OR**
- E. Copper T – 380 IUD (Paragard®) – as soon as possible within 120 hours after first act of unprotected intercourse. IUD can stay in place and be used for ongoing contraception.

### IV. INITIATION OF CONTRACEPTION POST EMERGENCY CONTRACEPTION (EC)

Client must meet eligibility requirements for each method discussed in the following table referring to method specific guidelines.

Method	Initiation Instructions post EC
Combine Hormonal Contraception: Oral Contraceptives (COCs or POPs);	<p>The following are options for initiation of methods after EC:</p> <ul style="list-style-type: none"> <li>• Initiate a new pill pack, ring, patch or Implanon®/Nexplanon® after beginning the next menses.</li> <li>• Start a new pill pack, ring, patch or implant the day after EC treatment is completed. Advise back-up method for 7 days (2</li> </ul>

contraceptive vaginal ring; transdermal contraceptive patch; or subdermal contraceptive implant	<p>days for POPs).</p> <p>Additional information/instructions:</p> <ul style="list-style-type: none"> <li>For implant, perform a highly sensitive urine pregnancy test prior to initiation unless first day of LNMP within past 7 days. Advise client to repeat pregnancy test if no menses in four weeks.</li> <li>If a regimen of monophasic OC's was used as EC, the patient may continue to take one pill per day from the same pack. Advise back-up method for 7 days.</li> </ul>
Depot-Medroxyprogesteron Acetate (DMPA)	<p>The following are options for the initiation of DMPA after use of EC:</p> <ul style="list-style-type: none"> <li>Initiate during first 5 days of next menses or</li> <li>Initiate within 24 hours post EC use <b>and:</b></li> <li>Perform a highly sensitive urine pregnancy test prior to initiation unless 1<sup>st</sup> day of LNMP was within past 5 days.</li> </ul> <p>Additional information/instructions:</p> <ul style="list-style-type: none"> <li>Advise client to repeat pregnancy test in 3-4 weeks.</li> <li>Advise back-up method for 7 days unless first day LNMP within past 5 days performed before the next DMPA injection may be given.</li> <li>For these women, a urine pregnancy test must be performed before next DMPA injection given.</li> </ul>
Copper-T IUD	<ul style="list-style-type: none"> <li>Inserted within 5 days of first act of unprotected intercourse.</li> <li>The Copper-T IUD can be used as both the EC method and for ongoing contraception (Copper-T Only).</li> <li>Is the most effective type of EC.</li> </ul>

## V. CLIENT EDUCATION/ INFORMED CONSENT

- A. Clients receiving EC must receive education/consent that should include:
  - Information that for maximum effectiveness, EC treatment should be started as soon as possible after unprotected intercourse and within 120 hours.
  - Information specific to EC, including effectiveness, benefits, risks, use, danger signs, potential side effects and complications.
  - Client Education/Informed consent.
  - Instructions to the client about returning to the clinic in 3-4 weeks if no menses occurs for a pregnancy test and options counseling.
  - Advise to read the Patient Package Insert (PPI).
- B. The Client Must be Given:
  - Written and verbal instructions on EC (may use package insert)
  - A copy of the method specific consent form, if the client so requests
  - Emergency 24-hour telephone number and location where emergency services can be obtained
  - Clinic access information

5. Counseling regarding the importance of a regular use of birth control
6. Information regarding STIs/HIV as indicated, including:
  - a. Prevention
  - b. Modes of transmission
  - c. Signs and symptoms
  - d. The availability of confidential testing
  - e. Safer sex practices
  - f. Use of latex condoms must be encouraged for all sexually active clients as indicated
- C. Obtain a signed general consent for agency reproductive health services.

## VI. MANAGEMENT OF SIDE-EFFECTS

- A. Nausea/Vomiting:
  1. Nausea/vomiting may occur up to 24 hours.
  2. OTC antiemetics (Dramamine®) may be taken (most effective 1 hour prior to ingestion).
  3. If vomiting occurs more than 30 minutes after EC ingestion, a replacement dose is not needed.
- B. Dizziness, headaches, breast tenderness, abdominal pain, fatigue or menstrual changes may occur but are usually of short duration and should not require special management. If symptoms persist, client should seek medical attention to rule out pregnancy or other cause of symptoms.

## VII. FOLLOW-UP

- A. Inform the client of EC failure possibility and chance of pregnancy.
- B. Advise client to go to an emergency room if any early pregnancy danger signs occur, such as:
  1. Possible Tubal (Ectopic) Pregnancy:
    - a. Sudden pain, or pain that lasts, or strong cramps low in your abdomen, usually on one side or the other –with or without bleeding.
    - b. Fainting or dizziness that lasts more than a few seconds (that could be a sign of bleeding inside your abdomen).
  2. Possible miscarriage:
    - a. Heavy bleeding, sometimes with clots, pieces of tissue or bad cramps.
    - b. A period that is heavy and longer.
    - c. Fever or pain in your abdomen.
- C. Return to the clinic in 3-4 weeks post EC to:
  1. Rule out pregnancy if no menses have occurred (If signs and symptoms of ectopic pregnancy and/or miscarriage patient should report earlier).
  2. STI check.
  3. For contraceptive and EC supply visit.

## VIII. DOCUMENTATION

- A. Order written in medical record at time of visit or as a standing order.

- B. ECs dispensed must be documented in the medical record and the family planning data system.

#### REFERENCES

1. Medical Eligibility Criteria for Contraceptive Use. MMWR / July 29, 2016 / Vol. 65 / No. 3
2. Hatcher, R., et. Al. Contraceptive Technology. 20th Edition, 2011.

## APPENDIX A

### Emergency Contraception Options

	ANTI-PROGESTIN	PROGESTIN-ONLY	REGULAR BIRTH CONTROL PILLS	COPPER IUD
<b>BRAND NAME</b>	ella®	Plan B®, Next Choice®, and others	Various brands of birth control pills	ParaGard®
<b>ACTIVE INGREDIENT</b>	Ulipristal acetate	Levonorgestrel	Combination of levonorgestrel and ethinyl estradiol	N/A
<b>TIMEFRAME FOR USE</b>	Up to five days after sex.	Most effective within 12 hours of sex; effective up to three days (72 hours) after sex.	Most effective within three days (72 hours) of sex; somewhat effective up to five days (120 hours) after sex. Taken in higher doses than regular birth control.	Must be inserted within 5 days (120 hours) of unprotected sex. Continues to prevent pregnancy for up to ten years.
<b>HOW IT WORKS</b>	Prevents the ovary from releasing an egg	Prevents the ovary from releasing an egg; prevents sperm from fertilizing an egg	Prevents the ovary from releasing an egg; prevents sperm from fertilizing an egg.	Prevents sperm from fertilizing an egg; prevents fertilized egg from implanting in the uterus.
<b>WHERE AND HOW TO GET IT</b>	Requires prescription	Plan B One-Step® is available on pharmacy shelves to women and men of all ages. Generic versions of Plan B One-Step® are not yet on shelves as of December 2013 but should be soon.  Two-pill versions of Plan B® and generics are available behind the counter for those 18 and older. Those 17 and younger must have a prescription to get these products.	Prescription usually required.	Must be inserted by a healthcare provider
<b>SIDE EFFECTS</b>	Fifty percent or fewer experience nausea, headaches, painful menstruation.	Twenty percent or fewer experience nausea, headaches, painful menstruation.	Twenty percent or fewer experience nausea, headaches, painful menstruation.	An increase in cramping or bleeding after insertion is common; usually goes away after a few months.
<b>OTHER NOTES</b>	If a woman is pregnant and has taken ella®, she should consult her health care provider.	Recent studies have found that levonorgestrel/progestin-only EC products, like Plan B One-Step®, may not be effective in women who weigh 166 lbs. or above. Research has found that ella® is more effective than Plan B® for women in this weight range, but it too may lose effectiveness in women with a Body Mass Index (BMI) of over 25. (Learn more about BMI and how to calculate it here: <a href="http://www.cdc.gov/healthyweight/assessing/bmi/">http://www.cdc.gov/healthyweight/assessing/bmi/</a> ) The copper IUD's efficacy is not affected by weight or body mass.	If a woman uses her supply of birth control pills, she should visit her healthcare provider as soon as possible to refill it.	N/A

**Source: Advocates for Youth - <http://advocatesforyouth.org/publications/2300>**